

CITY OF WICHITA DEPARTMENT OF FINANCE PURCHASING OFFICE

City Hall – 12th Floor 455 N. Main Street Wichita, KS 67202 Phone: 316-268-4636

Fax: 316-268-4656 http://ep.wichita.gov

PAYMENT ONLY VENDOR REGISTRATION FORM

In order for your company to be added to our database to secure payment on an invoice it is important that this form be filled out and returned.

Please complete this form by filling out the company information on this page. Your prompt attention and reply is appreciated. Thank you in advance for your participation.

COMPANY INFORMATION – PLEASE PRINT			
Company		Owner's Name	
Name:		(If Sole Proprietor):	
Bid / P.O. Mailing			
Address (Street/P. O. Box, City, State & Zip)			
Remittance			
Address (if different than above):			
Federal I.D. (FEIN) #:		OR SSN #:	
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Type of Agency Corporation Employee Federal Agency Local Government Partnership			
Business:			
Minority Owned Business (MBE)			
If yes, please check the appropriate box. (A) Asian (AA) African American (AKA) Alaskan American (HI) Hispanic			
☐ (NA) Native American ☐ (PI) Pacific Islander ☐ (WO) Women Owned			
Contact Name: Phone #: () Fax#: ()			
Email address:			
I hereby certify that the information supplied herein is true and correct.			
Signature of person filling out this form		Date	
FOR PURCHASING OFFICE USE ONLY			
Date Recd.	Item Mailed	Item Recd.	Date Entered
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